



**DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420**

**IL 10-2005-016**

In Reply Refer To: 13

**September 2, 2005**

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER  
VHA OSELTAMIVIR STOCKPILE**

1. This Under Secretary for Health's Information Letter provides information regarding the use and distribution of Veterans Health Administration's (VHA) stockpile of the drug oseltamivir (Tamiflu) to be used in the event of an influenza epidemic or pandemic, and only as determined by the Under Secretary for Health. This information letter:

a. Describes a plan for VHA to distribute its oseltamivir stockpile in the event of an influenza epidemic or pandemic. This oseltamivir stockpile and readiness plan should be used in conjunction with an Information Letter to be issued concerning Respiratory Infectious Disease Emergencies.

b. Informs VHA, Veterans Integrated Service Network (VISN) and facility leadership how decisions will be made for the use and distribution of the VHA's oseltamivir stockpile.

c. Informs VHA, VISN and facility leadership that the VHA oseltamivir stockpile should be used in conjunction with the Emergency Management Guidebook upcoming appendix on Respiratory Infections Disease Emergencies, at <http://vaww.ceosh.med.va.gov>. Meanwhile, the appendix may be accessed on the Public Health Strategic Healthcare Group (SHG) web site at <http://vaww.vhaco.va.gov/phshcg/watch/>

**2. Background**

a. Oseltamivir is an antiviral drug licensed for treatment or prevention of influenza types A and B. It may be effective in treating or preventing the H5N1 strain of influenza currently causing disease in birds and other animal populations and, sporadically, in humans in Southeast Asia.

b. Public health authorities are increasingly concerned about the possibility of an influenza pandemic caused by the H5N1 strain of influenza A for the following reasons:

(1) Humans lack existing immunity to the H5N1 strain;

(2) It has a high-case fatality rate;

(3) A vaccine is not expected to be available for widespread use before the next 18-36 months, and when available, the vaccine supply will likely be limited.

c. Studies of the H5N1 strain demonstrate that it is resistant to the oldest and most widely available antiviral medications, the adamantanes, and it may only be sensitive to oseltamivir. Based on these facts, Centers for Disease Control and Prevention (CDC), the Department of

**IL 10-2005-016**  
**September 2, 2005**

Veterans Affairs (VA), the Department of Defense (DOD), and the World Health Organization (WHO), have already purchased and plans to continue to purchase supplies of oseltamivir to stockpile in the event of a wide-spread need.

d. In the fall of 2004, VA purchased a supply of oseltamivir, which is currently in storage for use by VHA in the event of an emerging epidemic or pandemic of human influenza caused by an H5N1 strain.

3. Two possible scenarios exist for VHA facilities' use of oseltamivir:

a. **Local Purchase of Oseltamivir.** The VHA stockpile of oseltamivir is not available for local routine sporadic use. Local pharmacies must purchase their own supply of oseltamivir as needed for treatment or prevention of small, localized, containable outbreaks of influenza A or resistant strains of influenza B.

b. **Use of the Oseltamivir Stockpile for an Emerging Epidemic and Pandemic.** When an emerging epidemic or pandemic of influenza is identified by a substantial increase in the number of serious cases affecting several distinct geographic areas as reported by WHO and CDC, the use of the VHA oseltamivir stockpile is based on an implementation plan recommended to the Under Secretary for Health by the Chief Public Health and Environmental Hazards Officer, in conjunction with the Chief Patient Care Services Officer, with assistance from the Chief Consultant, Public Health Strategic Healthcare Group (SHG) and the Program Director for Infectious Diseases. Pharmacy Benefits Management SHG distributes Oseltamivir from the VHA stockpile supply to local facilities as determined by the implementation plan and approved by the Under Secretary for Health.

4. Inquiries may be directed to:

a. Chief Consultant, Public Health Strategic Healthcare Group [Dr.Bopper.Deyton@va.gov](mailto:Dr.Bopper.Deyton@va.gov); 202-273-8457.

b. Deputy Chief Consultant, Public Health Strategic Healthcare Group  
[Victoria.Davey@va.gov](mailto:Victoria.Davey@va.gov); 202-273-8457.

c. Chief Consultant, Pharmacy Benefits Management Strategic Healthcare Group  
[Michael.Valentino@va.gov](mailto:Michael.Valentino@va.gov); 202-273-8429.

d. Deputy Chief Consultant, Pharmacy Benefits Management Strategic Healthcare Group  
[Virginia.Torrise@va.gov](mailto:Virginia.Torrise@va.gov); 202-273-8427.

e. Emergency Management Strategic Healthcare Group, Emergency Operations at 304-264-4825.

Jonathan B. Perlin, MD, PhD, MSHA, FACP  
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 9/06/05  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 9/06/05